

THE GRADUATE SCHOOL

Recommendation for Award of Certificate



The Graduate School
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000
607-777-2151; Fax: 607-777-2501
binghamton.edu/grad-school

Please type when completing this form.

Student Information

Name: _____ B-Number: _____
Last First Middle Initial

Program: _____

Semester of start of program (e.g. Fall 2013): _____ Total credits: _____

Certificate Program Director Certification

The student named above has satisfactorily completed all requirements for the certificate, including all course requirements specified in the Bulletin for the student's year of admission.

The following courses were used to satisfy the course requirements:

I recommend, on behalf of the program, that this student be awarded the certificate.

I will submit a scan/electronic copy of this form to the Graduate School (gad@binghamton.edu) for final approval.

Certificate Program Director Name: _____ Signature: _____ Date: _____

Graduate School Representative Approval: _____